STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525483	A. Building B. Wing	08/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ellsworth Health Services	403 N Maple St Ellsworth, WI 54011

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview and record review, the facility did not maintain a safe and sanitary environment in which food is prepared and distributed. This had the potential to affect all 29 residents.Facility staff did not keep personal clothing from touching food when serving residents.Facility's dishwasher records indicate dishwasher is not consistently reaching required temperatures to ensure adequate sanitization.Facility is not maintaining a sanitary environment for clean dishware.This is evidenced by:The facility's policy titled, Ware washing, dated 12/2024, states in part, 2. All dish machine water temperatures will be maintained in accordance with the manufacture's recommendations for high temperature or low temperature machines. 3. Temperature and/or sanitizer concentration logs will be completed, as appropriate.The United States Public Health Service, Food and Drug Administration Food Code 2-401 Food Contamination Prevention, states in part,. F. Facility-wide ConsiderationsIn order to have active managerial control over personal hygiene and cross-contamination, certain control measures must be implemented in all phases of the operation. All of the following control measures should be implemented regardless of the food preparation process used,. Prevention of cross-contamination of ready-to-eat food or clean and sanitized food-contact surfaces with soiled cutting boards, utensils, aprons, etc.,On 08/26/25 at 12:03 PM, Surveyor observed [NAME] D dish up foods to plates sitting on edge of steam table. When leaning forward, [NAME] D's t-shirt would touch residents' food and plates. On 08/26/25 at 12:05 PM, Surveyor interviewed, District Dietary Manager (DDM) E, who also observed [NAME] D's shirt touching the plated food. DDM E reported the expectation would be that the staff wear aprons to keep cross contamination from occurring.On 08/26/25 at 12:10 PM, Surveyor observed Dietary Manager (DM) F prepare an alternative food option after washing dirty dishes in the dirty dish washing area without wearing an apron. Surveyor observed notable splashed water and debris on DM F's clothes when returning to cooking/serving area to make a sandwich for a resident.On 08/26/25 at 12:15 PM, Surveyor reviewed log of recorded internal dish washing temperature thermometer and noted several entries were below the specified range of High Temp wash: 150- 165 degrees F and rinse of 180 -194 degrees F, per the standards specified on the facility's tracking log. DM stated she was unaware of the below standard temperature, and this should have been reported to her per the instructions on the facility's log. Surveyor asked DM F how she knows dishwasher is getting up to the correct temperature. Surveyor then observed DM F remove a dirty recycle bin from in front of dishwasher, directly under clean dish area, in order to read the digital thermometer on dish washer. DM F reports back up monitoring of dishwashing temperatures are not being documented. DM F was not able to demonstrate that the disc used to check that dishwasher was coming up to the standards to assure adequate sanitization of the dishes. DM F reported they were using the disc to verify accuracy but will now go back to using strips. On 08/26/25 at 12:20 PM, Surveyor observed an uncovered plastic rectangular bin full of cloudy, dirty water on the floor, directly under the dishwasher. DM F did not know why it was there and agreed that it should not be there.On 08/26/25 at approximately 12:30 PM, Surveyor interviewed DDM E, who stated staff should be wearing a designated apron for dishes when doing dirty dishes and the recycle bin and the open dirty tote of water should not be in the clean (continued on next page)

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	dishes area. DDM E agreed these practices are not in compliance with the sanitary regulations that would be the facility's expectations.Surveyor requested policy for kitchen operation/sanitation/cleaning. DM F offered vague policies.On 8/27/25 at approximately 2:30 PM, Surveyor interviewed DM F, who stated what she provided the Surveyor for policies is what she could find. The facility is working on getting some guidelines in place. DM F agreed the policies provided to Surveyor were not specific to this facility. DM F stated, With the switch over, we really don't have anything that gives direction, and we are working on this.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility did not ensure each resident receives adequate supervision and assistance devices to prevent accidents for 1 of 2 residents (R) 21 reviewed.This is evidenced by: Facility's policy titled Fall Prevention and Management Guideline revised date 07/18/24, read in part. Policy: Each resident will be assessed for fall risk and will receive care and services in accordance with their individualized plan of care to minimize the likelihood of falls or reduce the possibility/severity of injury. R21 was admitted to the facility on [DATE]. R21's current diagnoses include hemiplegia and hemiparesis following cerebral infarction (CVA) affecting right dominant side, dysphagia, and cognitive communication. Minimum Data Set (MDS) dated [DATE] a quarterly assessment, documented a Brief Interview for Mental Status (BIMS) score of 8 out of 15, meaning R21 has moderate cognitive impairment. R21 has impairment to one side of upper and lower extremities. R21 is dependent on staff for toileting, lower body dressing, personal hygiene, bed mobility, and transfers. Care plan dated 04/22/25, states: The resident is at risk for falls R/T (related to) CVA right side weakness right hand flaccid Unable to ambulate Uses w/c with total assist. Interventions: 08/06/25 Bed in lowest position at HS or when in bed, FALL RISK - FALL MAT. On 08/28/25 at 10:09 AM, Surveyor observed R21 in bed. The bed was in the low position and no fall mat was on the floor next to bed. Surveyor interviewed Certified Nursing Assistant (CNA) C about what interventions should be in place when R21 is in bed. CNA C stated the bed should be in low position and the fall mat on the floor next to the bed. CNA C stated she did not put R21 in bed this morning. Surveyor asked CNA C to verify what interventions are in place for R21. CNA C entered room and stated the fall mat was not on the floor and R21 is in a low bed. CNA C placed the fall mat on the floor next to the bed. On 08/28/25 at 11:05 AM, Surveyor interviewed Director of Nursing (DON) B about the fall interventions for R21 and the observation of the fall mat was not in place and verified with CNA C. DON B stated understanding, and the fall mat should be in place.